

## AUTHORIZATION TO DISCLOSE INDIVIDUAL PERSONAL INFORMATION

Wis. Stat. § 40.07 (1) (a)

### IDENTIFICATION OF RECORD:

Participant's Name (First, M.I., Last)	
Participant's Social Security Number	

I authorize the Wisconsin Department of Employee Trust Funds to disclose information or records maintained by the Department on the above-named participant to the following person(s) upon request:

*(Please type or print name of person to whom information may be released)*

Individual personal information which may be disclosed under this authorization includes, without limitation, account balances, date of birth, earnings, contributions, interest credits, beneficiary designations, creditable service, marital status, address and Social Security number. However, pursuant to Wis. Stat. § 40.07 (2) no medical record, as defined by Wis. Adm. Code § ETF 10.01 (3m), may be disclosed.

Under Wis. Adm. Code § ETF 10.70 (3) (c), this authorization shall expire six (6) months after the date of my signature below unless sooner revoked in writing or unless another expiration date is expressly stated below:

<b>EXPIRATION DATE (optional):</b>	(MM/DD/CCYY)
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#### SIGN HERE IF AUTHORIZATION IS PERSONALLY GRANTED BY THE NAMED PARTICIPANT

The disclosure is authorized from my own record.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(signature of above-named participant)

#### SIGN HERE IF AUTHORIZATION IS BY A PERSON OTHER THAN THE NAMED PARTICIPANT

I certify that I am the beneficiary of the above-named participant or that I have been duly appointed as the guardian, conservator, executor, or personal representative, of the above-named participant, or hold an equivalent legal appointment as the participant's representative. [ORIGINAL OR CERTIFIED COPY OF LEGAL APPOINTMENT OR POWER OF ATTORNEY MUST BE ATTACHED OR AUTHORIZATION WILL NOT BE ACCEPTED. DETF WILL IDENTIFY PROPER BENEFICIARY FROM PARTICIPANT'S FILE.]

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(signature of representative or beneficiary)

<b>Print participant's current address and telephone</b>
Telephone: (     )

<b>Print name, address and telephone of person signing</b>
Telephone: (     )